

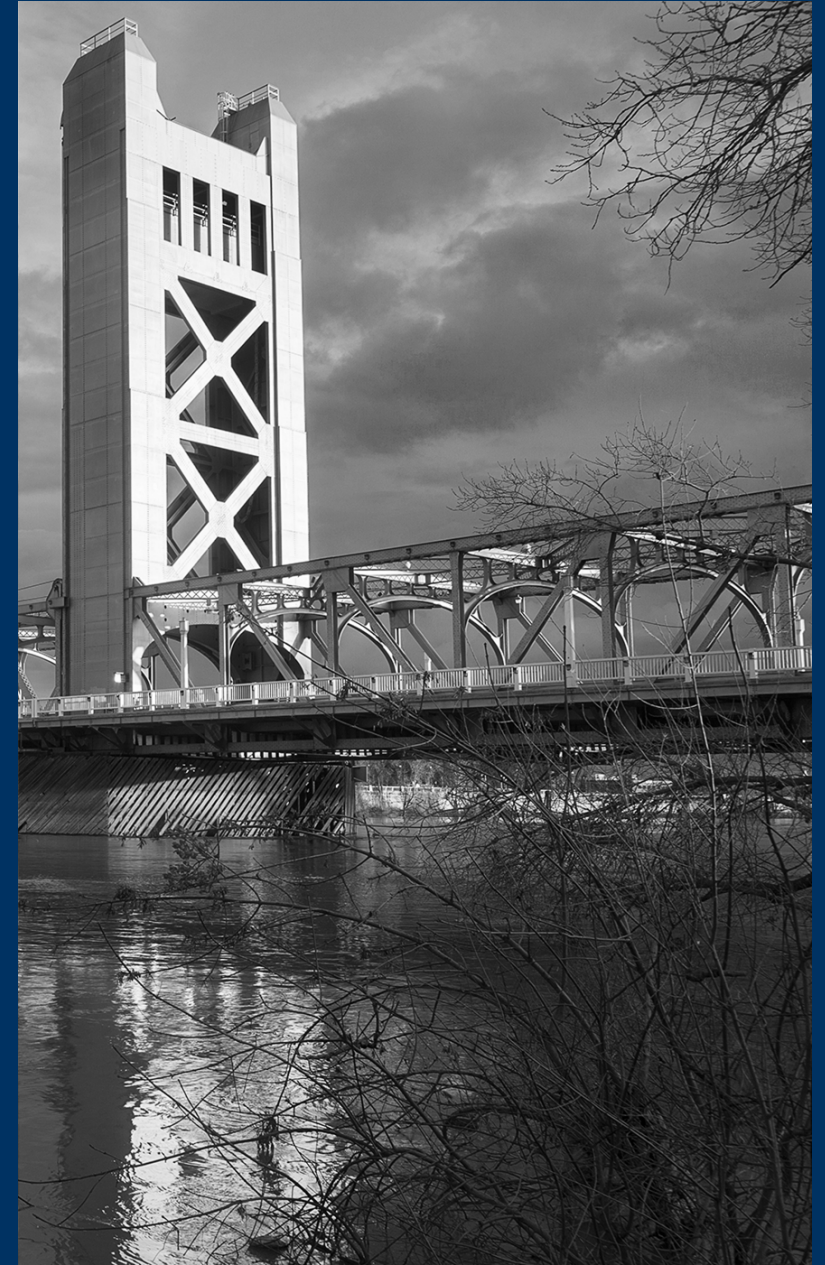
Retaining Immigrant Health Coverage in California

Thursday, April 24, 2025

12:00 p.m. – 1:00 p.m.



CALIFORNIA INITIATIVE
FOR HEALTH EQUITY
AND ACTION



Welcomes and Introductions

Dr. Denise D. Payán, PhD, MPP (she/her)
Associate Professor,
Dept. of Health, Society, & Behavior
Wen School of Population & Public Health
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Overview of Cal-IHEA



The **California Initiative for Health Equity and Action (Cal-IHEA)** is a state-wide research and policy center that supports the translation of research evidence into state health policy and public health practice to improve health equity in California. Cal-IHEA was launched in 2019 and was formerly based at UC Berkeley under Dr. Hector Rodriguez's leadership.



Denise D Payán, PhD, MPP
Faculty Director, UC Irvine



Rose Ruiz, MPH
Project Analyst, UC Irvine

Priority Areas

1. Building a workforce for health equity
2. Collaborating with diverse stakeholders to narrow health disparities and inequalities
3. Translating research findings into state and local policy and practice

Housekeeping

- **This session is being recorded.** The meeting, links and resources will be emailed to participants and posted to the ITUP website after the meeting.
- **Closed Captioning is available.** To enable captions, select the “CC” or transcript icon from your toolbar.
- **Submit your questions** at any time during today’s webinar using the Q&A function on your screen.
- **Chat is open** and we encourage you to engage throughout today’s discussion.

Moderator for Today

Crispin Delgado, MPP (he/him)
Executive Director,
Insure the Uninsured Project (ITUP)



Legislative Welcome

Assemblymember Dr. Joaquin Arambula
(he/him/el)
California State Assembly District 31 - Fresno



California's Historic Coverage Gains & What's at Risk?

Dr. Annie Ro, PhD, MPH (she/her)

Associate Professor, Public Health,
Department of Health, Society, and Behavior
University of California Irvine



UC Irvine

Joe C. Wen School of
Population & Public Health

Immigrant Health Access and Utilization Outcomes

Annie Ro, PhD, MPH

Associate Professor

Department of Health, Society, & Behavior



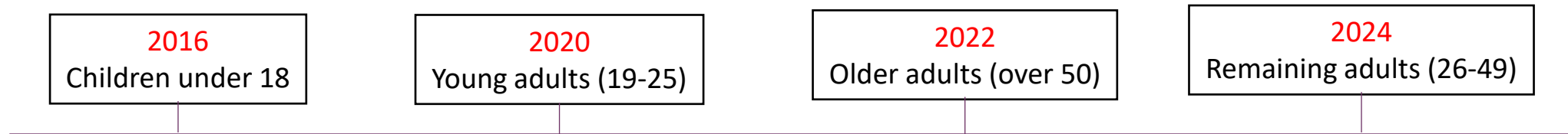
Immigrant health care access overview

Undocumented immigrants (and certain immigrant subgroups) are not eligible for Medicaid

- High levels of uninsurance and low levels of contact with the health care system

California expanded Medi-Cal eligibility for undocumented residents in phases

- Supported by state funds
- Collectively enrolled close to 1,000,000 people in Medi-Cal



What impact does Medi-Cal expansion have on undocumented immigrants' health and utilization?

Immigrant health care access overview

Counties are “providers of last resort” for uninsured residents

- Prior to Medi-Cal expansion, many counties included undocumented immigrants in their local indigent care programs

MyHealth LA (MHLA) – Los Angeles County program for low-income uninsured residents who did not qualify for Medi-Cal

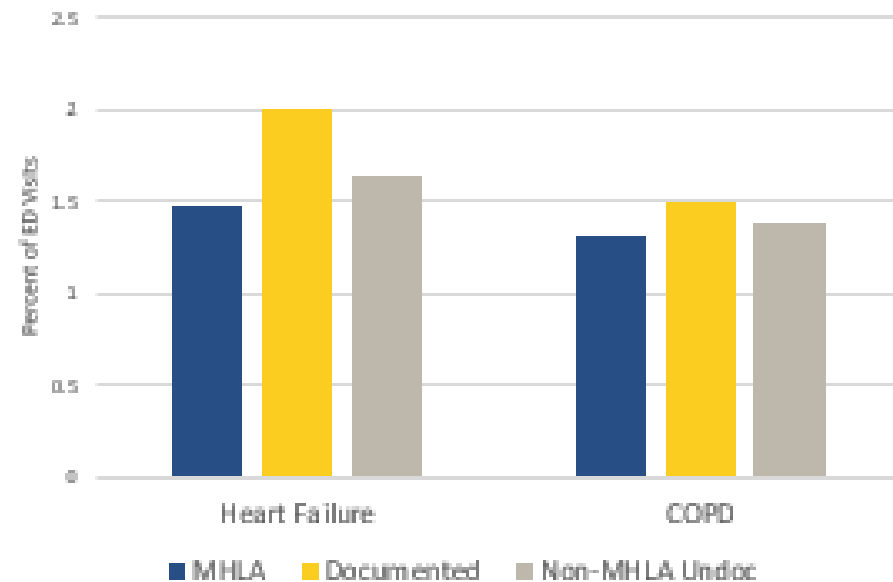
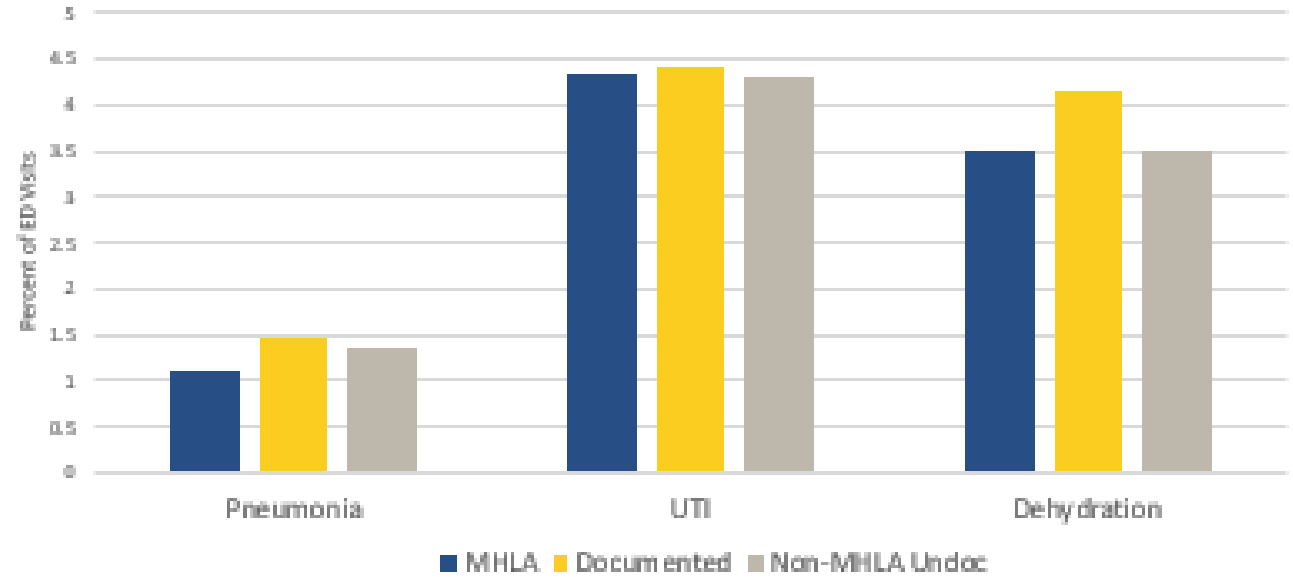
- Ran from 2014-2024, covered ~130,000 annually
- Patients enrolled in a primary care home in FQHCs and used county facilities for specialty, inpatient, and emergency care



MHLA can provide insight into the impact of Medi-Cal expansion by understanding how having regular access to care affects health care utilization and outcomes

Avoidable ED Visits

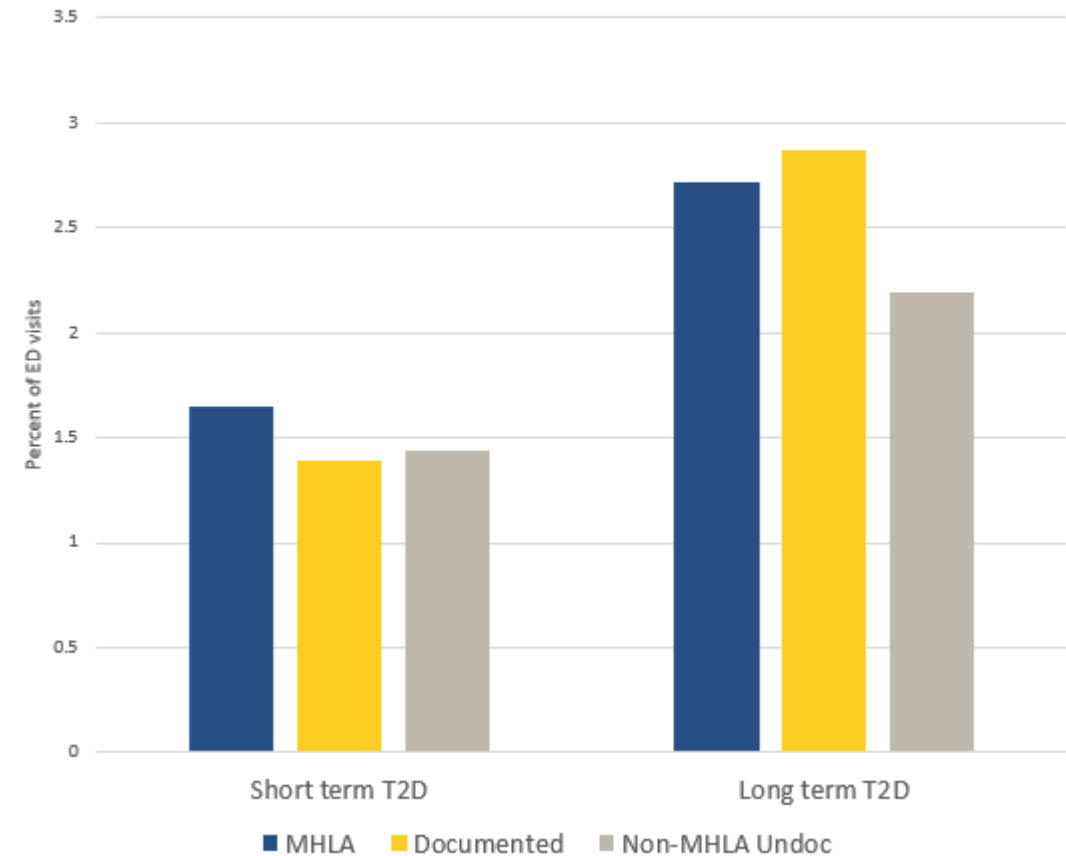
MHLA patients had fewer avoidable ED visits than documented patients and undocumented patients not in MHLA



Avoidable ED Visits

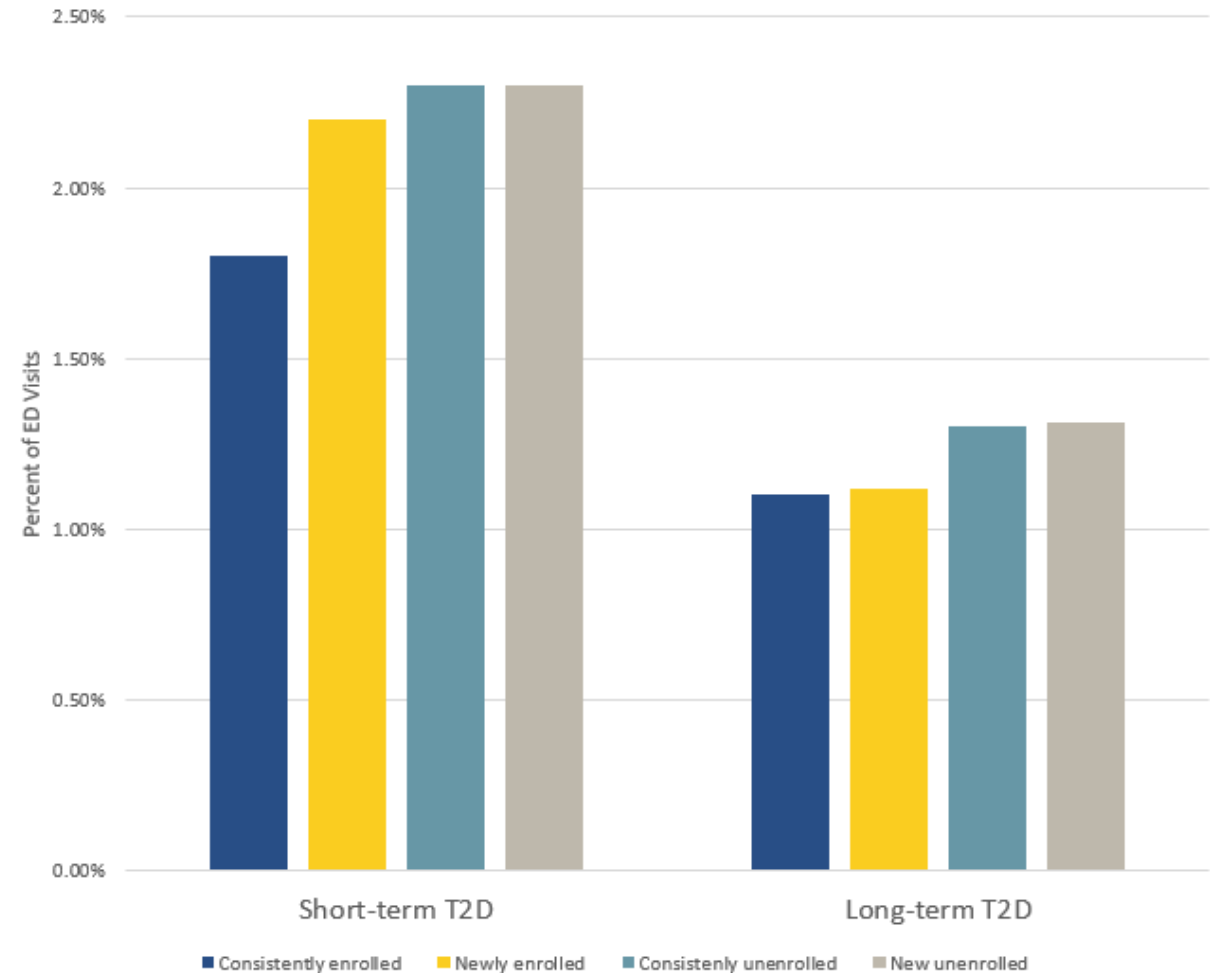
MHLA patients had more avoidable ED visits for short-term T2D complications

Fewer avoidable ED visits for long-term T2D complications



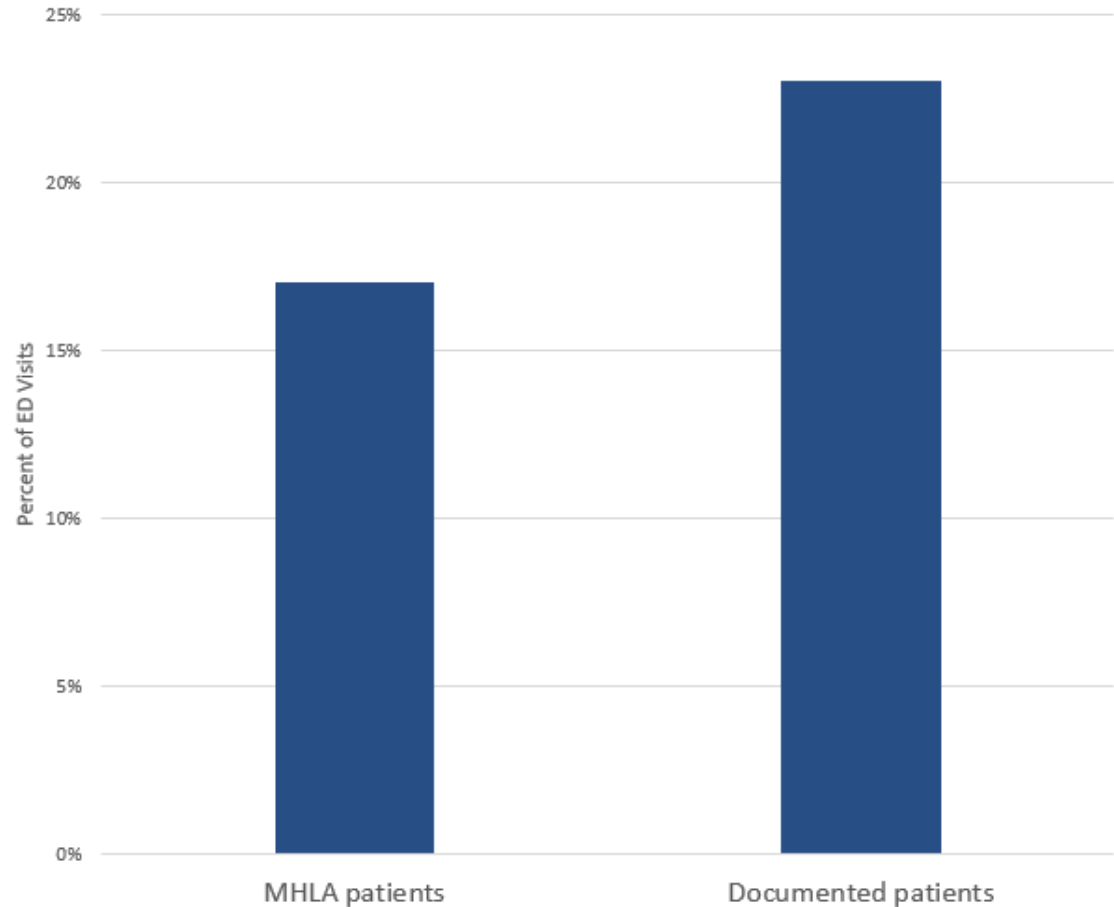
Differences by MHLA enrollment

Patients consistently enrolled in MHLA have the lowest levels of avoidable ED visits related to T2D complications



Hospital admissions from ED visits

Among older patients,
fewer hospital
admissions among
MHLA patients than
documented patients



Summary

If we use MHLA as a case study, undocumented patients who have a medical care home have better utilization outcomes (lower ED utilization) and seem to be managing chronic conditions well.

- Older patients in MHLA are less likely to be admitted to the hospital after an ED visit.
- Patients enrolled in MHLA have fewer avoidable ED visits for most conditions.
- Among MHLA patients, those who are consistently enrolled in the program have the fewest avoidable ED visits related to T2D.

Haro-Ramos, Alein Y., Sarah Axeen, Anna Gorman, Todd Schneberk, Annie Ro. [Examining ED Utilization and Hospital Admissions among Older Undocumented Immigrants: Insights from a Primary Care County Program](#). *The Gerontologist*. 2025; gnaf042

Ro, Annie, Celina Morales, Sarah Axeen, Anna Gorman, Todd Schneberk. [Do undocumented patients with access to primary care have fewer avoidable Emergency Department visits? Evidence from Los Angeles County safety-net hospitals](#). In Press. *Journal of Healthcare for the Poor and Underserved*.

Protecting Progress: Defending Immigrant Health Coverage Amid New Challenges



Dr. Seciah Aquino (she/her/ella)
Executive Director,
Latino Coalition for a Healthy California
(LCHC)



Ronald E. Coleman Baeza, JD (he/him)
Managing Policy Director,
California Pan-Ethnic Health Network
(CPEHN)



Dr. J. Raul Gutierrez, MD, (he/him/el)
Associate Professor of Pediatrics,
University of California,
San Francisco (UCSF)

Cal-IHEA will Release an Evidence Briefing Document for This Event by Early May



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